

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023758

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 126

FILED JUN 18 1962

1. PLACE OF DEATH

a. COUNTY Lacledeb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LebanonLength of stay in 1b
10 yrs.c. CITY
OR TOWN LebanonInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Louise G. Wallace Hosp.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Rural Rt. #5Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
ClarenceMiddle
ArthurLast
Peterson

4. DATE OF DEATH

Month
JuneDay
12,Year
1962

5. SEX

male

6. COLOR OR RACE

white7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-21-04

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
butcher10b. KIND OF BUSINESS OR INDUSTRY
-11. BIRTHPLACE (City and state or country)
Sleeper, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Wm. H. Peterson

13b. MOTHER'S MAIDEN NAME

caroline F. Brisbin

14. NAME OF HUSBAND OR WIFE

Alberta Peterson15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) no(If yes, give war or dates of service)
none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Rt. #5Mrs. Alberta Peterson, Lebanon, Mo.18. CAUSE OF DEATH (Enter only one cause per line if
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarctionINTERVAL BETWEEN
ONSET AND DEATH
30 min.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

myocardial insufficiency3 months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1948to June 12, 1962and last saw him alive on June 12, 1962Death occurred at 9:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
burial23b. DATE
6-18-6223c. NAME OF CEMETERY OR CREMATORY
Rolla Cemetery23d. LOCATION (City, town, or county)
Rolla, Phelps Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

J. J. ShadelLebanon, Mo.6-16-1962Hella L. May

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/591 05352 053034 05 167 08 29 4201101112 1-013 1-0

JUN 22 1962

JUN 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 6-16-1962 H.R.H.